


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90165 018 \*\*\*\*61.25

**DOCUMENT # N04000008048**

1. Entity Name  
**THE ROBERT GAMEZ FOUNDATION, INC.**



Principal Place of Business Mailing Address

52 RILEY RD., #152  
 CELEBRATION FL 34747  
 US

52 RILEY ROAD  
 SUITE 152  
 CELEBRATION FL 34747  
 US



2. Principal Place of Business 3. Mailing Address

*222 W. Comstock Ave, Suite 208* *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

*Winter Park, FL*

Zip Country Zip Country

*32789 USA*

1st MOORE CR2E037 (10/05)

4. FEI Number **20-1498120** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GILMORE, LISA J**  
**914 JASMINE STREET**  
**CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name *Scott Siegel*

Street Address (P.O. Box Number is Not Acceptable)  
*222 W. Comstock Ave., Ste. 208*

City *Winter Park FL* Zip Code *32789*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *4/24/2006*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONA, BILL	
STREET ADDRESS	721 FRONT ST., #110	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAUGHORN, JAMES M	
STREET ADDRESS	471 WALTER ST.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMEZ, LYNN	
STREET ADDRESS	510 GOLF PARK DR.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARROTE, GENE	
STREET ADDRESS	701 GOLF PARK DR.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWK, KIM	
STREET ADDRESS	215 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IPPOLITI, JAMES	
STREET ADDRESS	13 BLAKE BLVD.	
CITY-ST-ZIP	CELEBRATION FL 34747	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Siegel	
STREET ADDRESS	222 W. Comstock Ave, Ste. 208	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/24/2006* *407-628-7191*